SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not (6/99)required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not loss of an available state exemption state exemption unless such exemption is on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

Estimated average bu hours per response... 1

Serial

SEC USE ONLY

Prefix

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

DATE		REC	EIVI	ED	
e.)		·····		10 7.74.0	
[] Section 4(6)		ייינ] PO 0'			:0
j.	2		09	2002	•
		THO	MS	ON	

Name of Offering (check if this is	an amendment and name	has changed, an	d indicate chang	ge.)	
Private Placement					
Filing Under (Check box(apply):	es) that [] Rule 504	[] <u>Rule 505</u>	[X] <u>Rule 506</u>	[] Section 4(6)	[]ULOE
Type of Filing: [] New Filing [X]	Amendment				PROCESSI
	A. BASIC IDEN	TIFICATION	DATA		O MAY 0 9 200
1. Enter the information requested	about the issuer				THOMSON
Name of Issuer (check if this is an MARINE ENVIRONMENTAL		s changed, and i	ndicate change.))	
Address of Executive Offices (Nur	mber and Street, City, Stat	te, Zip Code) / 🛚	relephone Numb	oer (Including Ar	ea Code)
<u>255 East Dania Beach Blvd., Sui</u>			(954) 924-		
Address of Principal Business Op Code) (if different from Executive		reet, City, State	e, Zip Code) Te	lephone Number	(Including Area
Brief Description of Business Development of technology to co	st effectively purify wate	er within feder	al worldwide gu	iidelines	
Type of Business Organization					
[X] corporation	[] limited partnership, a	lready formed	[] oth	er (please specify	<i>'</i>):
[] business trust	[] limited partnership, t	o be formed			
	Month	/Year			

Actual or Estimated Date of Incorporation or [08] Organization:

[00]

[X] Actual [] Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for CN for Canada; FN for other foreign jurisdiction) [FL]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check	Box(es)	that[]	Promoter	[X]	Beneficial	[X]	Executive	[X]	Director	Ī		General and/or
Apply:	, ,				Owner		Officer			-		Managing Partner
Full Non	ne (Last nam	a first if	individual)				**************************************			Mark Militar Rel		
	Charles E.	ie mst, n	nidividuai)									
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Check	Box(es)	that[]	Promoter	[]	Beneficial	[]	Executive	[X]	Director	[[]	General and/or
Apply:					Owner		Officer				1	Managing Partner
Full Nan	ne (Last nam	ne first, if	individual)									and the state of the
Elliot, M	Ialcolm											
Business	or Residenc	e Addres	s (Number a	and S	treet, City, St	ate. Zin	Code)		2000.000.000.000.000.000.000.000			**************************************
			•		a Beach, Flo		•				***************************************	
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GENERAL INSTRUCTIONS

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 - Each general and managing partner of partnership issuers.

Check	Box(es)	that[]	Promoter	[]	Beneficial	[]	Executive	[X	Director	[]	General and/or
Apply:					Owner	-	Officer				Managing Partner
Full Nan	ne (Last nam	ne first, if	individual)	A COMPANY AND ADDRESS							
Germain	ne, Glenn R										
Business	or Residen	ce Addres	s (Number	and S	Street, City, S	tate, Zip	Code)	to the formation of the first o			
255 East	t Dania Bea	ch Blvd.,	Suite 220,	Dan	<u>ia Beach, Flo</u>	rida 33	<u> 1004 </u>				
Check	Box(es)	that[]	Promoter	[]	Beneficial	[]	Executive	[X	Director	[]	General and/or
Apply:					Owner		Officer				Managing Partner
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Check	Box(es)	that[]	Promoter	[X] Beneficial	[]	Executive	[]	Director	[]	General and/or
Apply:					Owner		Officer				Managing Partner
	ne (Last nam							accident acc			
	ional Boats										
					Street, City, S		Code)				
757 So. I	<u>E. 17th Stree</u>	et, Suite 3	19, Ft. Lau	<u>ider</u>	dale, FL 333	16					
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 - Each general and managing partner of partnership issuers.

Check	D()	that[]	D	r 1	Beneficial	רעד	Γ	ſΨΊ	D:	r 7	General and/or
	Box(es)	mat[]	Promoter	LJ		[A]	Executive	[A]	Director	[]	
Apply:					Owner		Officer				Managing Partner
	ne (Last nan		individual)								
	, Charles P.					444-2642					
			•		Street, City, St						
A Proposition of the Company of the	AND THE PROPERTY OF THE PARTY O				<u>ia Beach, Flo</u> i	<u>rida 33</u>		200037-1-			
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Apply:					Owner		Officer				Managing Partner
Full Nan	ne (Last nam	ne first, if	individual)								
	Neven C.										
Business	s or Residenc	ce Addres	s (Number	and S	Street, City, St	ate, Zip	Code)				t et en
255 Eas	<u>t Dania Bea</u>	<u>ch Blvd.,</u>	Suite 220,	Dan	ia Beach, Floi	rida 33	004				
Check	Box(es)	that[]	Promoter	[X]	Beneficial	[]	Executive	[]	Director	[]	General and/or
Apply:					Owner		Officer				Managing Partner
	ne (Last nam		individual)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	n Systems,									-	
					Street, City, St	ate, Zip	Code)				
8530 Wi	infall Way,	<u>Colorado</u>	Springs, C	<u>Color</u>	ado 80908						
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			В	. IN	FORMATIO	N ABO	UT OFFER	ING			

					l to sell, to nor under ULOE.	ı-accred	lited investor	s in th	is offering?	•••••	Yes [] No [X]
					e accepted fro	m anv i	ndividual?				\$ 25,000
					a single unit?.						Yes [X] No []
		1		·							- LJ []

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Not Applicable

Full Nan	Full Name (Last name first, if individual)											
Business	or Resid	lence Ad	dress (Ni	ımber an	d Street,	City, Sta	te, Zip Coo	le)				
Name of	Associa	ted Brok	er or Dea	ler			an a thai sha sha an ann an a		a de la composição de la c			
States in (Check "							cit Purcha	sers		[]	All States	
[IL] [MT]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nam	ne (Last i	name firs	t, if indiv	idual)		•						
Business	or Resid	lence Ad	dress (Nı	ımber an	d Street, (City, Stat	te, Zip Coo	le)	tagistikki de kareda kareleja izari	ine del la constante de la cons		·
Name of	Associa	ted Broke	er or Dea	ler					**************************************			
States in (Check "							cit Purcha	sers		[]	All States	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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Business	or Resid	lence Ad	dress (Nu	ımber an	d Street, (City, Stat	e, Zip Coo	le)				
Name of	Associa	ted Broke	er or Dea	ler								
					or Intendites)		cit Purcha	sers		[]	All States	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
		(Use	blank sh	ieet, or c	opy and	use addi	tional cop	ies of thi	s sheet, as	necessar	y.)	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security

Aggregate Amount

^{1.} Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Debt	Offering Price \$0- \$2,200,000-	Already Sold \$0- \$735,000-
[] Common [] Preferred		
Partnership Interests	\$	\$0- \$0- \$0- \$_735,000
Answer also in Appendix, Column 3, if filing under ULOE.		,
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors 17 -0- -0-	Aggregate Dollar Amount of Purchases \$ 735,000 \$ -00-
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		D !!
	Type o Security -0000-	Dollar Amount Sold \$ <u>-0-</u> \$ <u>-0-</u> \$ <u>-0-</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	[] [X] [] [X]	

for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted				
gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	Óf Dire	ments to fficers, ectors & filiates		ments to
Salaries and fees	□\$_	-0-	□ \$	0-
Purchase of real estate		-0-	□\$	
Purchase, rental or leasing and installation of machinery and equipment	□\$_	-0-	□ \$ _	-0-
Construction or leasing of plant buildings and facilities			□ \$ _	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_		□ \$_	
Repayment of indebtedness	□\$_	-0-	□ \$_	-0-
Working capital	□ \$_	-0-	⊠ \$2,	185,000
Other (specify)			□ \$ _	
Column Totals	□ \$	-0-	□ \$	-0-
Total Payment Listed (column totals added)		⊠ \$ <u>2,18</u>	5,000	
D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Excharged request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to pa	nge Co	ommissio	n, upo	n writter
Issuer (Print or Type) Signature Date				
	-10-	-02		
Name of Signer (Print or Type) CHARLES P GALLORS THERSYNON & SECRETARY				
ATTENTION				
Intentional misstatements or omissions of fact constitute federal criminal violations. (S	ee 18	U.S.C. 1	001.)	
E. STATE SIGNATURE				

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used

- 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No See Appendix, Column 5, for state response
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature,	Date
Marine Environmental Partners, Inc.	Challyto	470-02
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
CHARLES P. GALLOPO	TREMSUMEN & SEENETANY	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

									
ı		2	3				5 Disqualification under State ULOE		
	to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type o amount po (Par	e w (]	State ULOE (if yes, attach explanation of aiver granted) Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA		X	\$2,200,000	2	\$65,000	-0-	-0-		· X
со									
СТ									
DE									
DC									
FL		х	\$2,200,000	11	\$405,000	-0-	-0-		X
GA									,
ні		х	\$2,200,000	1	\$25,000	-0-	-0-		X
ID									
IL									
IN									
ΙA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
МО									
МТ									
NE									
NV									

1	<u> </u>	2	3			4			5
	Intend to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type o amount pu (Par		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NH									
NJ		X	\$2,200,000	2	\$125,000	-0-	-0-		X
NM									
NY									
NC									
ND									
ОН	and by second and the								
ОК									
OR									
PA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				·				
RI	and the second s								жотожностопожнаужный период набутаты п
SC									
SD									
TN									
TX		X	\$2,200,000	1	\$115,000	-0-	-0-		Х
UT							<u></u>		
VT									
VA									
WA				<u> </u>					
WV									
WI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
WY									
PR									AND 1907 1 11 V FR. 11 11 11 11 11 11 11 11 11 11 11 11 11

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